



Reproduce on Gold/ Revised 10/2003

California Department of Health Services
Division of Drinking Water and Environmental Management

Water Treatment Device Certification Application

Type of Application (Make check payable to
"DHS Water Device Fund 129")
____ Initial Certification (\$1400)
____ Recertification (every 5 years)(\$1400)
Certification # _____

Mail complete application packet to:

DHS – Drinking Water Program
Device Certification Program, MS # 7417

Express Mail

1616 Capitol Avenue
Sacramento, CA 95814-5052

U.S. Mail

P O Box 997413
Sacramento, CA 95899-7413

1. Company Information

Company Name to be listed on certificate: _____

Address: _____	Name: _____
City/State/Zip: _____	Title: _____
Website: _____	Email: _____
Phone: _____	Phone: _____
	Fax: _____

If different from above:

Manufacturer of Device: _____ Manufacturer Website: _____

Company Contact

Designated contact if different from above

If using another company to facilitate this application process, the following must be filled out. I hereby authorize _____ of _____ to act on our behalf in the processing of this application.

Designee Contact

Contact: _____	Title: _____
Phone: _____	Fax: _____
Email: _____	Website: _____

Company: _____
Address: _____
City/State/Zip: _____

2. Signature

I, the undersigned, certify that the testing data submitted for this application is true and correct, and was performed in accordance with Department of Health Services approved test protocols as required by the Water Treatment Device Certification Regulations. In addition, pursuant to Section 60410(b)(8), I certify that this water treatment device or treatment component, which is identified as:

(insert name, model number, or other product identification)

has been toxicologically reviewed and tested to verify that no substances are contributed by the unit to the treated water at levels that would adversely affect the health of the users.

I certify that I occupy a principal position in _____
(Company that will be listed on certificate) and all statements made on this application are true and correct.

Original Signature: _____	Date: _____
Name (typed or printed): _____	Title: _____

3. Water Treatment Devices Submitted for Certification

Specify model designation(s) that should be listed under this certification. Multiple models may be listed as long as they are all "identical devices" as allowed by Section 60410(b)(7) and have the same manufacturer and the same set of health and performance claims. List all replacement elements for each trademark/model designation, and the performance function of each. If the same replacement element(s) apply to all models listed, so specify. Use another piece of paper if you need more room to list all models to be included in this certification.

Trademark(s)	Model Number(s)	Replacement Element(s)	Replacement Element(s) Function

4. Type of Water Treatment Device

(a) Specify the technology or combination of technologies which describe the device.

☐ Mechanical filter
☐ Reverse osmosis
☐ GAC

☐ Carbon block
☐ Ion exchange
☐ Other _____

☐ Ultraviolet
☐ Distillation

(b) System Type

☐ Counter top
☐ Under counter
☐ Whole house
☐ Point of entry

☐ In line (refrigerator)
☐ Water softener
☐ Pour-through pitcher
☐ Other (describe): _____

☐ Inline (general)
☐ Ozone
☐ Faucet mount

5. Key Performance Specification (Complete all that apply)

All Systems

Operating pressure range _____ psi to _____ psi
Operating temperature range _____ F/ C to _____ F/C
Flushing instructions _____

(a) Adsorptive systems:

Rated service flow _____ gpm
Rated service capacity _____ gallons

(b) RO systems specify:

Daily production rate of system _____ gal/day
Tank size: _____ gallons Auto shut off _____ yes _____ no
RO membrane (manufacturer and model #) _____

(c) Water softeners specify:

Rated service flow _____ gpm at pressure drop _____ psi
Ion exchange media _____
Type of regeneration media _____

(d) Does the system include:

☐ Performance Indicator ☐ Flexible tubing ☐ Faucet

6. Test Data

- California requires extraction testing (systems using adsorptive media must test with and without media).
- California does not require structural integrity testing, chlorine taste and odor, particulate reduction or bacteriostatic properties testing.
- Testing must have been performed within five years of application submittal.
- If requesting data be transferred from a similar device (per Section 60455), include detailed technical justification and all supporting test data.
- Data for UV systems must include lamp life curves and radiometer calibration curves (collimated-beam apparatus dose verification).
- Include PID test if testing to 120% of rated capacity instead of 200%.

7. Lab Information

Lab	Contact	Phone	Email
1.			
2.			
3.			

8. Contaminants Proposed for Certification and Testing Information* (Check all that you plan to claim in your advertising.)

Required Testing	Lab	Test Report #	Date Tested	Model Tested
Extraction test w/media	_____	_____	_____	_____
Extraction test w/out media	_____	_____	_____	_____
Microbiological				
___ Cysts(protozoan)	_____	_____	_____	_____
___ Turbidity	_____	_____	_____	_____
___ Bacteria	_____	_____	_____	_____
___ Virus	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Inorganic				
___ Arsenic	_____	_____	_____	_____
___ Asbestos	_____	_____	_____	_____
___ Barium	_____	_____	_____	_____
___ Cadmium	_____	_____	_____	_____
___ Chromium(hexavalent)	_____	_____	_____	_____
___ Chromium (trivalent)	_____	_____	_____	_____
___ Copper	_____	_____	_____	_____
___ Fluoride	_____	_____	_____	_____
___ Lead	_____	_____	_____	_____
___ Mercury	_____	_____	_____	_____
___ Nickel	_____	_____	_____	_____
___ Nitrate/Nitrite	_____	_____	_____	_____
___ Radium 226/228	_____	_____	_____	_____
___ Selenium	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Organic				
___ VOCs (chloroform surrogate)	_____	_____	_____	_____
___ Atrazine	_____	_____	_____	_____
___ Lindane	_____	_____	_____	_____
___ MTBE	_____	_____	_____	_____
___ Trihalomethanes	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____

**include detailed technical justification and supporting test data for any and all data transferred from another system/component.*

9. Checklist – Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification. Please label and staple items (e.g. individual test reports) together when necessary to make them easily identified.

- | | |
|---|---|
| ___ a. Completed WTD certification application | ___ e. Wetted parts list(s) |
| ___ b. Check for application fee (\$1,400.00) | ___ f. Product data sheet(s) |
| ___ c. Laboratory WTD test data and
Laboratory extraction test data
(or ANSI certified product listing) | ___ g. Product label(s) |
| ___ d. Engineering drawings or each device | ___ h. Owner's/Instruction manual |
| | ___ i. Installation manual |
| | ___ j. Promotional material including
brochures and packaging. |